

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814

November 29, 1974

ALL-COUNTY LETTER NO. 74-237

• TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMPLEMENTATION OF NEW FOOD STAMP REGULATIONS - CASE REVIEW SCHEDULE

REFERENCE:

Food and Nutrition Service has approved our request for extension from November 1, 1974, to December 1, 1974, for implementation of the new Food Stamp Program regulations. However, our request for a delay from March 1, 1975, until May 30, 1975, for completion of the required caseload review was denied.

Therefore, you should make plans for reviewing your entire food stamp caseload and recertifying households as necessary in order to meet the March 1 completion deadline.

With regard to PA cases, FNS has authorized the use of desk reviews to satisfy the case review requirements. In all cases, the recipient must be given the attached Rights and Responsibilities Notice. You may use any one of the following procedures for PA case reviews:

1. You may require recipients to come in and complete a new application, at which time you would give them the Rights and Responsibilities Notice.
2. You may mail the attached Recipient Questionnaire, together with the Rights and Responsibilities Notice, to the recipient for completion.
3. County staff may complete the attached Case Survey Checklist to determine if there should be a recomputation of the household's basis of issuance. In addition, the Rights and Responsibilities Notice would be mailed to the recipient.

Planning for implementation should provide alternative courses of action in response to potential problems arising during the transition period. You should consider at least the following:

OBSOLETESuperseded by ACL #76-27

GEN 654 (2/74)

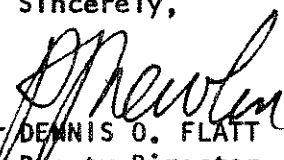
Issued 2-13-76

1. All cases actually certified after December 1 must be handled under the new regulations. This includes both initial certifications and subsequent certifications (formerly called recertifications). If a caseworker errs and uses the old regulations after December 1, benefits must be adjusted when this is discovered retroactive to December 1 (either by claim determination or restoration of lost benefits).
2. How to schedule certifications and reviews most efficiently. In view of the substantially increased workload during the three-month period, consideration should be given to allowing as long a certification period as possible in order to avoid unnecessary additional subsequent certifications during this period.
3. What the effect of your PA/NA ratio will be on your reviews. Certifying NAs will be more difficult and time-consuming than PAs.
4. How intake scheduling will be affected by new regulations. For example, new work registration procedures will necessitate one-month certification periods in some cases.

The Department is continuing to work with FNS to delay the completion deadline for the 100 percent caseload review. If these efforts are successful, we will inform you immediately. Also, if you can provide clear detailed justification for needing more than three months for the 100 percent case reviews, we will appreciate receiving by December 16, 1974, your individual requests for an extension of the March 1 deadline. These requests will provide substantially more evidence of the need for such an extension in our follow-up to FNS.

Should you have any questions, please contact Richard Havnen, Acting Chief, Food Stamp Program Management Branch, or Fred Lacey, Acting Chief, Food Stamp Program Operations Bureau at (916) 445-6907.

Sincerely,

for 
DENNIS O. FLATT
Deputy Director

Attachments

cc: USDA, FNS
CWDA

FOOD STAMP PROGRAM

NOTICE OF RIGHTS AND RESPONSIBILITIES

*READ THIS NOTICE - DO NOT THROW IT AWAY
KEEP IT TO REMIND YOU OF YOUR RIGHTS AND RESPONSIBILITIES*

Effective December 1, 1974, you must report to the Welfare Department within ten days if:

1. Your household circumstances change. This means you must report if someone joins or leaves your household, if you move, if someone in your household changes jobs, finds or quits work, or if someone in your household receives a one-time payment such as an insurance settlement.

(Remember, if you plan to move out of this county, tell the Welfare Department before you move. It may be possible for you to continue receiving Food Stamps in the new county. If you move without notifying the Welfare Department, you will have to make a new application for Food Stamps in the new county which may result in a delay in receiving Food Stamps.)

2. Your total monthly deductible expenses change by more than \$25. Such expenses include child care needed for employment or education, medical expenses, rent or housing payments including utilities, court ordered child support and alimony payments, and unusual expenses such as casualty losses.
3. Your gross monthly income changes by more than \$25. For example, if you receive a raise of \$20.00 per month, it need not be reported. But if you receive an additional raise of \$10.00, during your certification period the total amount ($\$20.00 + \$10.00 = \$30.00$) is more than \$25.00 and must be reported.

These changes must be reported to the Welfare Office within ten calendar days of the date the change becomes known to your household. The change may be reported by telephone, personal contact or by mail. If you report by mail, the letter must be postmarked within the ten-day period.

RECIPIENT QUESTIONNAIRE

On December 1, 1974, new regulations went into effect for the Food Stamp Program.

In order that we may apply the new regulations to your case, you must check "yes", "no" or "don't know" to each question below and return this sheet to the Welfare Office no later than _____, 197__.

(date)

Failure to return this questionnaire may result in your paying too much for your stamps or receiving too many free stamps. You will have to pay back the value of the free stamps that you receive to which you are not entitled.

| <u>Yes</u> | <u>No</u> | <u>Don't Know</u> | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1) Does a member of your household contribute only a certain amount of money to the household? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2) Does a roomer and/or boarder eat with your household? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3) Is an alien (non-citizen) a member of your household? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4) Does your household receive free housing from an employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5) Is someone outside your household paying for expenses of your household such as medical bills, housing, tuition, etc.? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6) Does someone in your household receive payments from VISTA? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7) Does someone in your household have a seeing-eye dog? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8) Does someone in your household pay for child care in order to attend school or training? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9) Is someone in your household paying child support and/or alimony payments through an agreement with the District Attorney? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10) Is your household paying for home improvements or repairs? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11) Does an SSI/SSP recipient live with your household? |

CASE SURVEY CHECKLIST

The following questions pertain to changes in the Food Stamp eligibility criteria. A "yes" answer to any of these questions will require a budget recomputation on form DFA 285.2 to determine the household's revised basis of issuance.

Sections I and II must be completed for nonassistance cases. Only Section I need be completed for PA cases.

SECTION I (PA and NA Cases)

| <u>Yes</u> | <u>No</u> | | Corresponding FS Manual Section(s) |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is there an ineligible alien in the household? | 63-2102.4 63-2207 63-2331 63-2250 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is there a boarder living within the food stamp household? | 63-2102.2 (New definition) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does a household member have a limited commitment to contribute? | 63-2101 (eliminates that classification) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is there a related member of the household acting as a live-in attendant? | 63-2102.3 (attendant may now be related) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the household receive shelter from an employer? | 63-2262.2 |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does a nonhousehold member pay for household expenses such as tuition, shelter or medical costs? | 63-2262.10 |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Does a household member receive payments from ACTION Agency (includes VISTA)? | 63-2263.7 63-2254.11 |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Does a household member have a seeing-eye dog? | 63-2264.3 |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Does a household member pay for child care in order to attend school or training? | 63-2264.3 |

Yes No

- | | | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Does a household member make child support and/or alimony payments through an agreement with the District Attorney? | 63-2264.6 |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are payments for home improvements and repairs part of the household's shelter cost deduction? | 63-2264.8 (eliminates improvements and repairs) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Does an SSI/SSP recipient reside with the household? | 63-2323.4 |

SECTION II (NA Cases Only)

- | | | | |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has the household received lump sum payments which have <u>not</u> been considered in its resource determination? | 63-2253 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have resources of an SSI/SSP recipient or ineligible alien been exempted? | 63-2250 |